Please review and sign the following:

Eligibility for services
The Personal Assistance Service (PAS) is provided as a benefit for Duke Faculty, staff, employees, and benefits-eligible family members to help resolve personal, family, or work problems. PAS offers consultation, short-term counseling, and referral services as appropriate. PAS services are provided free of charge.

Service model
Counselors work with issues that can be resolved within a brief session model. If a counselor determines a client requires more frequent visits, longer-term care or specialized treatment approaches, referrals to community providers will be provided. PAS may provide from 1-8 sessions.

Referrals to community providers
Sometimes it is necessary to make a referral to another professional. While all services received through PAS are at no cost to you, outside services are subject to your health insurance coverage.

Attendance policy
In an effort to reduce wait time for our services, we request “at least 24-hours’ notice” for cancellations, so that we can make our services available to others in need. Appointments not cancelled within 24 hours of your appointment will be counted as one of your sessions. To change or cancel your appointment, call the office at 919-416-1727.

Letters of support
PAS does not participate in client legal actions (e.g., custody evaluations or lawsuits, divorce proceedings, personal injury lawsuits, or court-ordered counseling). If you are in need, PAS can refer you to this type of support.

Discrimination/harassment
Reporting allegations of discrimination and/or harassment within the context of a counseling session does not constitute disclosure to a supervisory/managerial agent of the institution. PAS assures the client confidentiality in matters discussed in session. If you desire to disclose discrimination and/or harassment to a managerial agent of the institution, please let your counselor know and guidance will be provided.

Counseling record
You have the right to inspect and obtain a copy of your record, provided the content will not cause you undue harm, or to have a copy of your record sent to an entity of your choice with a signed release. Contact the front desk or your counselor. Records are kept for seven years from the date of your last session.

Authorization for release of information
If you wish to release any information about services you received from PAS, you will be asked to sign a Release of Information form. This form allows the provider to release or receive only specific information to/from the individual(s) you specify.
Confidentiality
Client confidentiality is protected under federal and state regulations that prohibit unauthorized disclosure of protected health information. PAS records are not a part of your personnel file or medical record. PAS records are available only to PAS staff. The information you relay is confidential; it will not be given to anyone outside of the PAS office without your written consent except in the following situations.

- North Carolina law requires that suspected child and/or elder abuse, neglect be reported to the local Department of Social Services.

- If an individual is believed to be dangerous to self or others, consistent with applicable law, it may be necessary to provide third parties with what would otherwise be confidential information.

- If a client speaks about someone else who appears to be of imminent harm to Duke, patients, employees, or students, this will be reported to Duke Police, including knowledge of threats, plans, or actual incidences of someone bringing weapons or explosives onto Duke premises.

- If a client’s health condition poses a risk to a patient and/or public safety. This may include information indicating impairment sufficient to pose a threat to safety.

- If a judge signs a court order mandating release of information, PAS will comply with the law.

Changing providers
While all efforts are made to provide the highest quality of service, we understand that not all counselor–client relationships are a good match. If you have concerns about working with your counselor, we ask that you discuss this with them directly to give them feedback and to discuss your care moving forward. PAS allows one change of counselor, per counseling episode.

Quality of Service
The quality of the service we provide is important to us. Should you experience any difficulties or have any questions about our services, please discuss with your counselor. If this is not possible contact the office to speak with the PAS Director.

Appointment Reminder Texts
I understand that PAS will send me text messages to remind me of my appointments. I can opt out when completing the Initial PAS paperwork by selecting NO next to the question, Do you wish to receive text reminders? Reminder texts will not refer to PAS specifically or to the nature of my appointments.

- Reminder texts will state: “(Your name) has an appointment at (Time) on (Date). Please call 919-416-1727 at least 24 hours in advance if you need to cancel or reschedule.”
- I understand that I may discontinue text reminders by responding “STOP, UNSUBSCRIBE, CANCEL OR QUIT”. You can resume text messages by replying START or YES to any reminder text.
- I understand that even though text messages will be unencrypted, there is some risk that text messages could be intercepted and read by others.
- Appointments cannot be canceled from a text message. Please call PAS to cancel or reschedule an appointment.

Email communication
Due to the non-secure nature of email, confidentiality of correspondence by email is not guaranteed. Email is discouraged for urgent or sensitive matters; however, counselors may communicate through email to schedule appointments and give referral information.

I understand that PAS staff are NOT able to respond to urgent email communication, and I have been provided an alternative method to communicate in urgent situations.

**Urgent or emergent concerns**
PAS counselors have a duty to ensure the safety of their clients. If a client conveys safety concerns, the counselor will respond by getting the client connected with the nearest crisis management services.

I understand that outcomes of counseling or psychotherapy are not guaranteed.

I have received a copy of the Notice of Privacy Practices in effect for Personal Assistance Services (PAS) and the organized healthcare arrangement in which it operates.

Please print your name in the space below:

__________________________________________  __________________
Signature                                   Date

__________________________________________
Printed Name